

# State of Delaware - Affidavit for Absentee Ballot - General or Special Election

Complete Column "I" and then complete Section "A" or "B" as appropriate.

## Column "I"

PLEASE PRINT LEGIBLY

Full Name: \_\_\_\_\_

Address of your home in Delaware: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN(optional): \_\_\_\_\_

Political Party  
Affiliation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address to which ballot is to be mailed if it is different  
than the Delaware address written above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### I request a ballot for the following elections:

☐ Primary ☐ General ☐ Special ☐ All elections

NOTE: Public School Elections require a different affidavit.

BELOW IS FOR OFFICE USE ONLY

ED: \_\_\_\_\_ RD: \_\_\_\_\_ Style: \_\_\_\_\_

Mail ☐ In Person ☐ ID: \_\_\_\_\_ Party: \_\_\_\_\_

Date Affidavit Returned: \_\_\_\_\_

Voucher Number: \_\_\_\_\_

Date Ballot Mailed: \_\_\_\_\_

## Section "A"

THIS SECTION DOES NOT  
HAVE TO BE NOTARIZED.

Complete this section if you are temporarily or  
permanently physically disabled or if you cannot go to  
your polling place because of one of the other reasons  
listed below.

I do solemnly swear or affirm, under penalty of perjury,  
that I am unable to go to my regular polling place  
during the forthcoming election(s) for the reason  
checked below and that the information contained  
herein is true.

### Check the appropriate box below:

- ☐ I am sick, or temporarily or permanently physically  
disabled.
- ☐ I am in public service of the U.S. or the State of  
Delaware.
- ☐ I am a spouse or dependent residing with or  
accompanying a person temporarily residing outside  
the territorial limits of the United States and the  
District of Columbia.

Signature of voter: \_\_\_\_\_

My expected location on election day is:  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number at my expected location on Election  
Day: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

## Section "B"

THIS SECTION MUST BE NOTARIZED.

Complete this section if you cannot go to your polling  
place for one of the reasons listed below.

I do solemnly swear or affirm, under penalty of perjury,  
that I am unable to go to my regular polling place  
during the forthcoming election(s) for the reason  
checked below and that the information contained  
herein is true.

### Check the appropriate box below:

- ☐ Due to the nature of my business or occupation (this  
includes students).
- ☐ I am incarcerated.
- ☐ I am absent from the district while on vacation.
- ☐ Due to the tenets or teachings of my religion.

Signature of voter: \_\_\_\_\_

My expected location on Election Day is:  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number at my expected location on Election  
Day: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_

NOTARY: \_\_\_\_\_

SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT

Disclosure of your social security number is requested so that each individual who is registered to vote is identifiable in an accurate and efficient manner. This disclosure is requested pursuant to 15 Del. C. Section 5503 and 5 U.S.C.A Section 552(a) note (Section 7 of the Privacy Act of 1074). The disclosure of your social security number is voluntary. If you choose not to disclose your social security number, you will be assigned a nine (9) digit identifying number during the processing of your registration.

Your social security number is used as necessary for administrative purposes relating to voting, including to identify you as a registered voter, to insure no individual is registered in more than one place, to verify address, voting districts, and other information and may be used for any other lawful purpose. The registration application containing your social security number will become part of the registration records of your county.

**ELECTION MATERIAL  
PROCESS IMMEDIATELY**

PLACE  
STAMP  
HERE

DEPARTMENT OF ELECTIONS FOR NEW CASTLE COUNTY  
820 N FRENCH ST STE 400  
WILMINGTON DE 19801-3531